



BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue; Bloomfield, Connecticut 06002-2444
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Records Release Authorization

BDP-U42

| | | |
|---------------------------|-----------------|------------------------|
| Subject Name | Date of Birth | Social Security Number |
| Person/Institution/Agency | Date Exercised | Exercised by |
| Address | Town, State Zip | |

The undersigned hereby authorizes and consents to the disclosure of any and all documentary information, whether maintained in hard copy or electronic form, including, but not limited to, records, documents, reports, clinical abstracts, histories, charts and photographs relating to me during the time period specified below, by the agency, business or individual listed herein, to any representative of the Bloomfield Police Department.

In furtherance of this authorization, I do hereby waive all provisions of law relating to the disclosures hereby authorized.

A photocopy of this release authorization will be considered as effective and valid as the original.

Date(s) applicable: _____ / _____

If the subject named is a minor:

I, the parent/guardian of the individual named herein, do also hereby authorize the release as described herein to any representative of the Bloomfield Police Department.

Parent or Guardian (Name / DOB / Address)

Parent or Guardian Signature: _____

Person Giving Consent:

Notarized:

Subscribed and sworn to before me on this

_____ day of _____, _____

Signature, Person Authorizing Release

Sworn Law Enforcement Officer or Notary Public